

Alabama Department of Human Resources  
Family Assistance (FA) Program

	<p>I am applying for: <input type="checkbox"/> Family Assistance (FA) <input type="checkbox"/> Family Assistance (FA)/Food Stamps</p> <p>To apply, you only have to fill in Your Name, Address, then Sign and Date below. We request you complete as much of the form as possible. If you need help the worker will help you complete the rest of your application. An understanding of the following words will assist in the completion of the form: <u>Household</u> — includes everyone who lives in your home as a single-family unit. <u>Assistance Unit</u> — includes everyone who lives in your home and is included in your FA application.</p>		<table border="1"><tr><th colspan="2">AGENCY USE ONLY</th></tr><tr><td colspan="2">Date given or mailed _____</td></tr><tr><td colspan="2">Date received _____</td></tr><tr><td colspan="2">County _____</td></tr><tr><td colspan="2">Case ID # _____</td></tr><tr><td colspan="2">Case File # _____</td></tr><tr><td colspan="2">FS # _____</td></tr><tr><td colspan="2">NA <input type="checkbox"/> PA <input type="checkbox"/></td></tr></table>		AGENCY USE ONLY		Date given or mailed _____		Date received _____		County _____		Case ID # _____		Case File # _____		FS # _____		NA <input type="checkbox"/> PA <input type="checkbox"/>	
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FILING AN APPLICATION	YOUR NAME (Last, First, MI)		OTHER NAME(S) USED																	
	SOCIAL SECURITY NUMBER		MARITAL STATUS/DATE																	
	ADDRESS WHERE YOU LIVE		APT. NO.																	
	CITY AND STATE		ZIP CODE																	
			COUNTY																	
	MAILING ADDRESS (If different from above)		DIRECTIONS TO YOUR HOME																	
			HOME/MESSAGE PHONE																	
	I CERTIFY THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.																			
YOUR SIGNATURE OR MARK		DATE																		
<p>If you are eligible, you will get your benefits back to the date we received your signed application. Before you can get benefits you must come to our office and talk with a worker. We must have proof of the information you give us about your Food Stamp and/or FA application(s) and will take action on your application(s) within 30 days from the date we received it. You may be entitled to Expedited Food Stamps. If you are, you will receive them within 7 days from the time you give us this form. To find out if you are eligible for this expedited service, fill out the sections on this page titled "Filing an Application" and "Expedited Food Stamps."</p>																				
EXPEDITED FOOD STAMPS			YES	NO																
	1. Has your household received or will it receive Food Stamps this month in any State?		<input type="checkbox"/>	<input type="checkbox"/>																
	2. Are you temporarily living in a halfway house or similar place?		<input type="checkbox"/>	<input type="checkbox"/>																
	3. Does anyone have cash, savings, or bank accounts? How much? _____		<input type="checkbox"/>	<input type="checkbox"/>																
	4. Has anyone received or does anyone expect to receive any money this month? How much? (Gross) \$ _____ When? _____		<input type="checkbox"/>	<input type="checkbox"/>																
	5. Does anyone have rent, mortgage, or utility expenses? Total? _____ (Add rent/mortgage to utilities)		<input type="checkbox"/>	<input type="checkbox"/>																
	6. Is anyone a migrant or seasonal farm worker?		<input type="checkbox"/>	<input type="checkbox"/>																
	7. Did your household's only source of income stop? When? _____ Why? _____		<input type="checkbox"/>	<input type="checkbox"/>																
FOOD STAMP WAIVER	8. For FA <u>and</u> Food Stamp applicants only. I am applying for FA and Food Stamps at the same time and I understand that if I begin to receive FA after the approval of my Food Stamp benefits, it may reduce or terminate my Food Stamp benefits. I therefore waive my right to any other advance notice of such action.																			
	<input type="checkbox"/> Yes <input type="checkbox"/> No Signature _____ Date _____																			
AGENCY USE	<b>Agency Use Only:</b> Entitlement to Expedited Services based on Resources: <input type="checkbox"/> Yes <input type="checkbox"/> No Entitlement to Expedited Services based on Income: <input type="checkbox"/> Yes <input type="checkbox"/> No Entitlement to Expedited Services based on Destitute Circumstances: <input type="checkbox"/> Yes <input type="checkbox"/> No Identity verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Notified for Issuance: _____ Date _____ Method: <input type="checkbox"/> Phone Call <input type="checkbox"/> At Interview <input type="checkbox"/> Notice		Screener's Signature: _____  Date _____																	

FOOD STAMP REPRESENTATIVE	9. You may permit someone outside your household to apply for your Food Stamp benefit, and use them to buy food for you. <b>OR</b> ; You may permit someone outside your household to apply for your Food Stamp benefit and a different person to use them to buy food for you. If you would like to name someone to do this for you, check (✓) the correct box below and enter the person's name, telephone number and address below.									
	Apply for my Food Stamps and use them to buy food for me. <input type="checkbox"/> <b>OR</b> Apply for my Food Stamp benefit only. <input type="checkbox"/>									
	Authorized Representative's Name			Address			Phone Number			
	Obtain my Food Stamps and use them to buy food for me. <input type="checkbox"/>									
Authorized Representative's Name			Address			Phone Number				
CIVIL RIGHTS	Program rules are the same for everyone. Your race, color, birthplace, sex, handicap, beliefs, or religion do not matter. To file a complaint regarding the Food Stamp Program, write USDA, Office of Civil Rights, Rm. 326-W Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). For FA, write DHHS, Office of Civil Rights, Rm. 509F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call 1-800-368-1019. The USDA and DHHS are equal opportunity providers and employers.									
PAST SUPPORT	10. How have you been supporting yourself and others in your household and why do you need help now? _____									
HOUSEHOLD/ASSISTANCE UNIT INFORMATION	11. In Section A below list yourself and anyone under 18 (or age 18 if they are participating in a State approved educational or training program), living with you and for whom you need assistance. In Section B below list other people who live with you.									
	A. APPLICANTS									
	NAME (LAST, FIRST, MIDDLE) Use first line for yourself	RELATIONSHIP TO YOU	DATE OF BIRTH	IN SCHOOL/HIGHEST GRADE COMPLETED YES NO /GC		SOCIAL SECURITY NUMBER	SEX	U.S. CITIZEN OR ALIEN IN SATISFACTORY IMMIGRATION STATUS YES NO		* RACE
		SELF								
	B. NON-APPLICANTS		(Providing a Social Security Number and immigration status for non-applicants is voluntary.)							
LIST OTHER PEOPLE LIVING WITH YOU WHO ARE NOT LISTED ABOVE										
* Collection of ethnic information is authorized by law and is used for statistical purposes only. Providing this information will not affect your eligibility. If you do not complete this information, it will be completed for you. 01 = American Indian/Alaskan Native 02 = Asian 03=Black/African American 04=Native Hawaiian/Other Pacific Islander 05=White 06=American Indian/Alaskan Native and White 07=Asian and White 08=Black/African American and White 09=American Indian/Alaskan Native and Black 12=Asian and Black 33=Hispanic/Latino/Cuban/Haitian 32-Other (worker will determine appropriate code at interview)										